

13. Classification Guidance

The classification guidance needed for this classified effort is identified below. Note: Guidance which is in itself classified should be referenced here and provided under separate cover.

14. Security Requirements

Security requirements are established for this contract and are identified in the following contracts/solicitation clauses.

- ☐ DEAR 952.204-2 Security Requirements ☐ DEAR 952.204-73 Facility Clearance (Solicitation)
☐ DEAR 952.204-70 Classification/Declassification ☐ DEAR 970.5204.1 Counterintelligence (for management contracts ONLY)

15. Surveys

DOE Surveying Office Is _____

Elements of this contract are outside the survey responsibility of the lead responsible office and/or the surveying office.

- ☐ No ☐ Yes (Identify specific areas and provide explanation/justification for each)

16. Certification and Signature. Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified contract. All questions shall be referred to the official named below:

A. Typed Name of Procurement Request Originator

B. Title and Organization

C. Telephone (Include Area Code)

D. Address (Include Zip Code)

E.

Signature _____

Date _____

17. Typed Name of Contracting Official

Signature _____

Date _____

18. Typed Name of Classification Officer (Approval of Block 13)

Signature _____

Date _____

19a. Typed Name of Local DOE Security Officer

Signature _____

Date _____

a. Responsible Office

20. Required Distribution

- ☐ Contractor ☐ Administering Contracting Officer
☐ Subcontractor ☐ Surveying Office If Different than LRO
☐ Lead Responsible Office (LRO) ☐ Others, as Necessary

21. General Comments:

9. Actual Place of Performance - DOE Facilities		
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)

9. Actual Place of Performance - NON DOE Facilities		
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)